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ABSTRACT

Occupational status is a key component of identity and self-worth for men. But little research has been done on the influence of working status on women, particularly during life cycle transitions or periods of crisis. To examine the impact of employment status on the self-esteem, psychological well-being and physical health of women at mid-life, 206 employed women and 183 homemakers were compared on a number of scales of well-being. Results indicated that working women at mid-life had higher self-esteem and less psychological anxiety than homemakers. Working women also reported better physical health. The findings suggest that work may be a stabilizing force for women during critical transitions throughout the life cycle. (Author/JAC)

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The Impact of Work on Women at Midlife

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The Impact of Work on Women at Midlife

As greater numbers of women enter the work force, it has become increasingly important to understand not only the impact of "the working woman" on American family life but how working in turn affects the lives of women. One of the key components of identity and self-worth for men is their occupational status; working often determines feelings of self-esteem and psychological well-being (Tamir, 1980). Little research, however, has examined the influence of working status on developing or maintaining the psychological well-being of women, particularly during life cycle transitions or periods of crisis. For women, midlife is one major life cycle transition.

Research on how women cope with the midlife transition is also sparse. Present models of midlife development are based primarily on small male samples (Brim, 1976; Levinson, 1973; Valliant, 1979; Gould, 1978). Often the processes or stages of changes are not relevant to women and working women in particular. Even among the few studies that focus on women at midlife, there is an implicit assumption that life cycle transitions in women are linked to family life and changes in the family life cycle mark the commencement of midlife (Northcott, 1981; Tamir & Antonucci, 1981; Rubin, 1980). Moreover, women are thought to become depressed as their children seek independent lives and leave home ("the empty nest syndrome") (Bart, 1971). More recent research suggests that the launching of the family elicits a period of self-evaluation and self-assessment for both men and women which we have come to label the mid-life transition (Tamir, 1980; Tamir & Antonucci, 1981).

For most people, therefore, the mid-life transition may serve as a time for self-evaluation and introspective examination. For some women, this process can also become a source of anxiety; a reminder of aspirations never attained or opportunities lost to time. There are some factors, like

involvement in work, however, which might minimize the psychological anxieties associated with the mid-life transition. If women are at all similar to men, they should derive some psychological benefits from work. Thus, one would expect working women to have higher self-esteem, less psychological anxiety and greater psychological well-being in general than homemakers. In fact, working should be an important predictor of overall psychological well-being in mid-life women given that other demographic or social factors may serve to increase the psychological tensions associated with middle age.

Kessler and McRae (in press), analyzing the same data set used in the present investigation, report that, overall, women reap positive benefits from being employed. These benefits are attenuated only in working mothers of young children whose spouses do not share household and childcare responsibilities. Even the amount of income (i.e., occupational prestige) does not seem to effect the more positive scores on dimensions of well being (e.g., psychological anxiety, immobilization, physical health, self-esteem). Some extremely high-salaried positions, however, seem to carry a "work overload" effect. Moreover, the positive effects of working are even stronger for women with greater job satisfaction. According to Kessler and McRae (in press), two important issues distinguish the benefits men and women derive from working: 1) for women conditions (in the home and work place) can increase or decrease the positive benefits of working and 2) while a strong positive relationship exists between salary and mental health for middle-age men, there is no correlation for women. However, Manis and Markus (1978) found that the self-esteem of employed women was positively correlated with their salary. Thus, it is not clear whether employment status or occupational level is most important for the psychological well-being of women. In the present comparative study of middle-aged women (working vs. homemakers),

working is expected to increase psychological well-being. Satisfaction with work, then, may be the most important predictor of self-esteem or lack of psychological anxiety at midlife.

The objectives of this study are two-fold: 1) to expand our knowledge about what determines how women react to and cope with the midlife transition and 2) to identify the specific contribution of work to the adjustment of women at midlife.

Method

Sample

The data were taken from a national survey of 2264 adults (Veroff, Douvan, & Kulka, 1981), conducted by the Survey Research Center at the University of Michigan in the summer of 1976. The sample was drawn, using area sampling probability methods, to yield a representative sample of the American adult population, 21 years of age or older living in private households within the coterminous United States. A detailed description of the sampling procedures implemented is provided by Kish and Hess (1965). Of the 2264, 389 women between the ages of 40-59 were selected to represent the middle age group.

Measures

The survey contained several indicators of psychological well-being and distress. The present investigation included six such independent measures: self-esteem, lack of depression, lack of psychological anxiety, physical health, happiness, as well as some satisfaction measures (Veroff, Douvan & Kulka, 1981). The self-esteem items (with minor differences in wording) are selected from the Rosenberg Self-Esteem Scale (Rosenberg, 1965), an index which measures the self-acceptance aspect of self-esteem ($\alpha = .69$). The Lack of Depression Scale consists essentially of the positively-worded items

from the Zung (1965) Self-Rating Depression Scale. These items were selected for inclusion in the questionnaire because they are highly correlated with the Zung Scale as a whole but are largely independent of items contained in the other symptom scales ($\alpha = .80$). The Physical Ill Health and Psychological Anxiety Scales are derived from factor analyses of a twenty-item symptom checklist. Components of the list were taken from the Stirling County Study (Macmillan, 1957) with some revision in wording. Other measures, primarily indicators of satisfaction at midlife were also included: marital satisfaction, parental satisfaction, job satisfaction, homemaker satisfaction, physical health (symptoms), immobilization, how interesting life is, happiness, and family life cycle stage (Veroff, Douvan, Kulka, 1981).

Results

A series of one way ANOVA's (comparing middle-aged working women vs. homemakers) revealed that working women score significantly higher on most measures of psychological well-being (e.g., self-esteem, lack of psychological anxiety, general life satisfaction). Working women have higher self-esteem, less psychological anxiety, better physical health and greater satisfaction with marriage [self-esteem-- $F(1,352) = 12.70$, $p < .0004$]. [Lack of psychological anxiety $F(1,352) = 4.40$, $p < .03$; Physical health-- $F(1,352) = 12.55$, $p < .0004$; Marital satisfaction-- $F(1,351) = 7.56$, $p < .006$]. Differences on how happy and the general life satisfaction items were marginally significant with working women feeling happier and more satisfied with life (How happy-- $F(1,350) = 2.83$, $p < .09$) (Life satisfaction-- $F(1,350) = 3.34$, $p < .06$). Working women and homemakers, however, did not differ on the following measures; the Zung Depression Scale, parental satisfaction, immobilization and life interesting [Zung Scale-- $F(1,353) = 1.36$, $p < .243$; Parental Satisfaction-- $F(1,349) = 1.56$, $p < .212$; Immobilization-- $F(1,348) =$

.3118, $p < .576$; Life Interesting-- $F(1,347) = .036$, $p < .848$.

A series of multiple regressions were conducted to determine the importance of employment status, relative to other status and demographic variables, in predicting self-esteem, lack of psychological anxiety and physical health in middle-aged women. In the first regression analysis using self-esteem in mid-life as the criterion, five variables were entered as predictor variables: employment status, marital status, income, education and family life cycle stage. The Multiple R was significant ($R = .239$, $F(5,224) = 3.63$, $p < .003$), see Table 1. Examination of the effects of the separate predictors indicate that only employment status significantly influences self-esteem. Working women reported higher levels of self-esteem than home makers. In the next analyses, presented in Table 2, the same variables were entered as predictor variables using lack of psychological anxiety as the criterion variable. The overall regression was marginally significant ($R = .213$, $F(5,223) = 2.10$, $p < .06$), with employment status, marital status, and family life cycle stage each significantly effecting the degree or lack of psychological anxiety exhibited by the individual. These findings indicated that working women and married women were less anxious than their homemaker or single, widowed, separated, or divorced counterparts. Interestingly, midlife women with high incomes had more psychological anxiety than their low income counterparts.

The third regression analysis again included employment status, marital status, education, income, and family life cycle as predictors. The criterion variable in this case was self-reported physical health. The overall Multiple R was significant ($R = .273$, $F(5,224) = 3.63$, $p < .003$). Employment status, family life cycle stage and income were significant predictors of physical health (see Table III). Employed women reported better physical health than

homemakers. Women with older children had more physical health symptoms. It should be noted that this finding is most likely an artifact of age since family life cycle stage is also highly related to age. Thus, this regression might simply be indicating that older women have more physical health problems than younger women--a very logical finding not necessarily related to employment or mid-life transitions. Women with higher incomes also reported fewer physical health symptoms. Of the three, employment status was the best predictor of physical health. (see Table IV)

Another set of regressions examining working vs. homemaker groups separately were computed using satisfaction measures (e.g., marital satisfaction, parental satisfaction, job satisfaction for employed women and homemaker satisfaction for homemakers) to predict self-esteem, lack of psychological anxiety and physical health. None of the equations nor the predictors were significant. (See Tables IV and V).

Discussion

These results, while not representing a comprehensive study of middle aged women, indicate that employment status (working) plays an important role in the psychological well-being of women at midlife. Much of the literature on the midlife transition in women characterizes midlife as a time of questioning and re-evaluation and frequently a period in which women have low self-esteem, suffer more psychological anxiety and exhibit a number of physical health symptoms. These data, however, suggest that for women, being employed may serve to significantly mediate the propensities toward tension and psychological anxiety that accompanies the midlife transition. For employed women attention seems to be redirected away from launching a family, existential questioning or unsatisfactory marital situations. Such issues, though, may be highlighted for women who are homemakers since most of their

adult lives has been devoted to family roles that begin to erode during midlife. More importantly, working is the only significant predictor of self-esteem in midlife women more important than income, education, marital status, or family life cycle stage. It is one of the most important predictors of lack of psychological anxiety and physical health. Note, however, that although middle-aged working women and homemakers differ on marital satisfaction, the satisfaction measures are not related to self-esteem, psychological anxiety, or physical health.

Future studies need to examine, in greater depth, both the topics of working and midlife women, particularly as greater numbers of women enter the labor force at midlife. In actuality, working may serve as a greater source of self-esteem or a deterrent to psychological anxiety when women are involved in careers. Perhaps special job characteristics also are associated with greater psychological well-being.

These findings replicate Northcott's (1981) indicating that working women are both healthier and happier than non-working women and disagree, at least, in part with Kessler and McRae's suggestion that unlike working men, working women do not derive any benefits which are directly and positively related to their salary. Rather, these findings complement the Manis and Markus (1978) finding with a positive relationship between physical health and income. It is worth noting, however, that the present findings do not attempt to exactly replicate the Manis and Markus finding since income and employment status were considered as separate predictors of self-esteem.

These results also seem to indicate that the possible negative effects of the mid-life transition (e.g., empty-nest syndrome, anxiety, feelings of inadequacy) are attenuated if a woman is employed. In fact, the parameters characterizing the onset of midlife may differ for employed women (who may be

less dependent on changing family stages to signal changes in life cycle).

Due to their increased self-esteem, better health, and less psychological anxiety, women who work may have a more positive effect on family life because they are more psychologically capable of coping with midlife. Comparing working vs. non-working women at other crucial periods of the life cycle (e.g., newly married, early parenthood, divorce, death of a spouse) may demonstrate that employment acts as a stabilizing element in otherwise turbulent times.

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Table I

Regression of Variables on Self-Esteem (All Midlife Women)

F(5,224)=2.72, p<.02, Multiple R=.239, R Square=.057, S.E.=1.312			
Variable	Partial R	B	t-statistics
Constant			3.90***
Employment Status	.222	.629	3.40***
Marital Status	.023	.033	.35
Family Life Cycle Stage	.034	.053	.52
Income	-.087	-.088	-1.31
Education	.003	.000	.04

***p<.00=1

Note: This regression is based on a sample of 230. The sample size (N) varies with the number of respondents answering a particular question.

Table II

Regression of Variables on Psychological Anxiety (All Midlife Women)

F(5,223)=2.10, p<.06, Multiple R=.212, R Square=.045 S.E.=1.15			
Variable	Partial R	B	t-statistics
Constant			3.32
Employment Status	.135	.335	2.04*
Marital Status	.174	.222	2.65**
Family Life Cycle Stage	-.011	-.015	-.16
Income	.127	.115	1.92*
Education	-.075	-.005	-1.13

*p<.05

**p<.01

***p<.001

Note: This regression is based on a sample of 229.

Table III

Regression of Variables on Physical Health (All Midlife Women)

F(5,224)=3.63, p<.003, Multiple R=.273, R Square=.075, S.E.=1.40			
Variable	Partial R	B	t-statistics
Constant			1.85
Employment Status	.162	.487	2.46**
Marital Status	.007	.011	.11
Family Life Cycle Stage	.133	.221	2.01*
Income	-.47	-.61	-2.23*
Education	-.039	-.003	-.584

*p<.05

**p<.01

Note: This regression is based on a sample of 229.

Table IV

Regression of Variables on Self-Esteem, Psychological Anxiety, and Physical Health (Working Women)

Self-Esteem			
F(3,197)=.91, ns., Multiple R=.117, R Square=.01, S.E.=1.14			
Variable	Partial R	B	t-statistics
Constant			10.38
Marital Satisfaction	.027	.041	.39
Job Satisfaction	.109	.169	1.55
Parental Satisfaction	.002	.008	.03
Psychological Anxiety			
F(3,196)=1.39, ns., Multiple R=.144, R Square=.020, S.E.=1.25			
Variable	Partial R	B	t-statistics
Constant			6.38
Marital Satisfaction	.099	.165	1.40
Job Satisfaction	.067	.114	.95
Parental Satisfaction	.047	.174	.66
Physical Health			
F(3,197)=.976, n.s., Multiple R=.121, R Square=.014, S.E.=1.40			
Variable	Partial R	B	t-statistics
Constant			4.74
Marital Satisfaction	-.021	.039	-.30
Job Satisfaction	.055	.103	.77
Parental Satisfaction	.110	.454	1.56

Table V

Regression of Variables on Self-Esteem, Psychological
Anxiety, and Physical Health (Homemakers)

Self-Esteem			
F(3,142)=.73, Multiple R=.114, R Square=.013, S.E.=1.45			
Variable	Partial R	B	t-statistics
Constant			8.75
Marital Satisfaction	.056	.179	.67
Homemaker Satisfaction	.066	.735	.79
Parental Satisfaction	.037	.151	.44
Psychological Anxiety			
F(3,142)=.69, Multiple R=.120, R Square=.014, S.E.=1.13			
Variable	Partial R	B	t-statistics
Constant			8.81
Marital Satisfaction	.056	.139	.67
Homemaker Satisfaction	.041	.035	.49
Parental Satisfaction	.063	.197	.75
Physical Health			
F(3,142)=.32, Multiple R=.006, R Square=.006, S.E.=1.44			
Variable	Partial R	B	t-statistics
Constant			6.38
Marital Satisfaction	.064	.204	.77
Homemaker Satisfaction	-.015	.016	-.17
Parental Satisfaction	.024	.098	.29